

## **Real Estate Appraiser Reciprocal License/Certification Application**

REAL ESTATE APPRAISER SECTION P.O. BOX 9048 OLYMPIA, WA 98507-9048 dol.wa.gov

FOR VALIDATION ONLY

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Application Fee: \$246.00 Certification Fee: \$206.00							
Total Fees - \$452.00				Make remittance payable to State Treasurer.			
All Fees are Non-Refundable				Send this application with your remittance to: Department of Licensing PO Box 9048			
Check one only:				Olym	pia, WA 98507	7-9048	
Certified Gener	ral Certifie	d Residential		State License	ed		
Information and I	nstructions	Please type or prin	t clearly	/			
Individuals currently lic practice real estate app WAC 308-125.	_	_					
	it this application, alon on page 2 <b>notarized</b> .	g with the correct fe	e to the	e address above. P	Please be sure	e to have the	
Applicant Person	al Information						
Name (last, first, middle)						Date of Birth	
Mailing Address							
City			State	Zip	County		
Business Name							
Business Address (current p	hysical address of business	is required)					
City			State	Zip	County		
Telephone No. (during normal	al business hours)	Social Security No. (r	al Security No. (required per RCW 26.23.150)		<u> </u>	Gender (F or M)	
Applicant's Licen	sing Information					I	
Out-of-State License/Certific				urrent Status <i>(check one</i> Active Ina	e) ctive	☐ Expired	
Out-of-State License/Certific	Out-of-State License/Certificate No.		Cı	urrent Status (check one)		xpired	
Out-of-State License/Certificate No.		State		urrent Status <i>(check one)</i> Active Inactive Exp		Expired	
Out-of-State License/Certificate No.		State		urrent Status <i>(check one)</i> Active Inactive Expired			
Have you ever applied	for licensure/certificati	on as a real estate a	ppraise	er in Washington st	ate?	es 🗆 No	
If yes, full name under which	you are licensed (as it appe	ears on your license).					
Are you currently licen broker or associate by	sed in Washington sta	te as a real estate s	alespe	rson,		es 🗆 No	

## **Continued on page 2**

License No.

Pers	sonal Data			5
1	y of the following questions are answered "Yes" and attached to this application.	, full details must be furnished on a separate		
1.	With the exception of motor vehicle violations, hor misdemeanor by this state, or any other state, within the past ten years?		□Yes	□No
2.	Has any application for a professional or occubeen denied, or has a license or permit issued to or fined, in this state or any other jurisdiction?		□Yes	□No
3.	Have you ever had a civil court order, verdict, or competent jurisdiction in which the subject ma activity?		Yes	□No
4.	Have you ever entered a plea of nolo contende	ere?	☐Yes	□No
5.	Have you ever used any name other than the one name, or alias?	e herein given, either initials, surname, maiden	Yes	□No
Арр	licant's Attestation			
esta		ed to in the foregoing application for licensure/cer e read and understand RCW 18.140 and WAC 308 ge and belief.		
(pas Depa	t and present) and all governmental agencies an	mployers (past and present), business and profest dinstrumentalities (local, state, federal or foreign ords requested by the department in connection w	) to releas	se to the
of ar corre deni- state	ny kind, and I declare under penalty of perjury the ect. Should I furnish any false information in this ap	oplication and have answered them completely, with at my answers and all statements made by me he opplication, I hereby agree that such act shall const cense to practice as a certified/licensed real estated.	erein are titute caus	true and e for the
Date				
Con	sent to Service - must be notarized			
licens irrevo any p suit m Wash	se/certification from the State of Washington to en cably consent that suits and actions may be comparty/plaintiff having cause of action against me may be made by delivering same to the Director of ington.	ngage or continue in the business of real estate ap menced against me in any county of the State of V nay reside and that service of any process or plead of the Department of Licensing of the State of Wasl	praising a Washingto ding in sai	nd hereby on in which d action o
In wit	ness hereof this day of		,	
at _				
SIGNATU	IRE	NAME TYPED OR PRINTED		
STATE O	F COUNTY OF	SIGNED OR ATTESTED BEFORE ME ON		
		BY		
	SEAL	SIGNATURE		
	<del></del>	NAME TYPED OR PRINTED		
		TITLE		

EXPIRATION DATE OF APPOINTMENT